

# TRAUMA



**Behavioral  
Health  
Resources**

## **Seeking Safety**

The dual diagnosis of PTSD and substance abuse is surprisingly common. The rates of trauma during ones lifetime are quite common with the rate of PTSD among those with substance abuse for women being between 30%-59% and the general population somewhere between 12%-34%. Most clinical programs treat PTSD or substance abuse, but rarely address both. Yet research supports integrated models which treat both disorders at the same time.

Seeking Safety is a psychotherapy treatment for PTSD and/or substance abuse comprised of 25 topics. Seeking Safety is the first treatment for PTSD and substance abuse with published outcomes (Najavits et al., 1997, 1998e). The 25 topics of Seeking Safety are divided among cognitive, behavioral, and interpersonal domains, while focusing on safe coping skills for both PTSD and substance abuse.

Seeking Safety can be conducted individually, or in group format. At this time Summit Pointe Behavioral Health is offering Seeking Safety in a group format. Safety is the primary focus and relates to various elements: discontinuing substance abuse, detaching from emotional pain, setting boundaries, creating healthy boundaries, healing from anger, coping with triggers, and taking good care of ones self.

Seeking Safety is a treatment which has been described as first-stage therapy for dual diagnosis of PTSD and/or substance abuse. This first stage, safety, is an enormous therapeutic task. The concept of safety and first-stage treatment protects patients from treatment that could move too fast without first ensuring a solid foundation.

**"The Yellow Brick Road"** is Summit Pointe & Behavioral Health Resources' Seeking Safety group. This 20 week program is designed to free clients from negative behaviors and move forward toward freeing one's self from trauma while maintaining focus on safety.

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## ***EMDR: Eye Movement Desensitization Reprocessing***

Eye Movement Desensitization and Reprocessing integrates elements of many effective psychotherapies that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. EMDR is an information processing therapy.

During EMDR the client attends to past and present experiences in brief sequential doses while simultaneously focusing on an external stimulus. Client and therapist identify possible targets for EMDR processing.

These include recent distressing events, current situations that elicit emotional disturbance, related historical incidents, and the development of specific skills and behaviors that will be needed by the client in future situations.

The therapist ensures that the client has adequate methods of handling emotional distress and good coping skills, and that the client is in a relatively stable state. The client is then able to use stress reducing techniques whenever necessary, during or between sessions. However, the goal is not to need these techniques once therapy is complete.

During the process, the client is instructed to focus on the image, negative thought, and body sensations while simultaneously moving his/her eyes back and forth following the therapist's fingers as they move across his/her field of vision for 20-30 seconds or more.

## **Structured Sensory Intervention:**

*The National Institute for Trauma and Loss in Children*

Because trauma is a sensory experience the memory is often stored symbolically. Images - how one looks at themselves and the world around - defines what that trauma was like. Even adults rarely have words to adequately describe what their experience was like, but they can show us.

Presenting that visual representation must be done in a structured fashion. Boundaries provide the structure which promotes a "sensory" safety. Boundaries in drawing involve the use of only 8 1/2" x 11" paper and fine point, color pencils or felt markers.

Drawing activities are structured versus unstructured. They direct themselves to helping the victim describe how specific sensations or themes of trauma like fear, revenge, hurt are now impacting his life.

The structured sensory process focuses on ten major sensations or themes: fear, terror, worry, hurt, anger, revenge, accountability, safety, power and throughout the process shifting from victim thinking to survivor thinking.

Part of telling the story is asking questions to elicit details. Obtaining details is another very important component of the process. For the victim, details can provide a sense of control as well as a sense of relief. For the therapist details can point the way to helping the client.

The structure of the process keeps the therapist and client focused on details as a way of being able to later "see" the experience differently, to cognitively reframe it in a way that is now manageable. Details also can provide information that helps to make sense out of what happened and may still be happening with the client.

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# **Cognitive-Behavioral Therapy**

Cognitive-behavioral therapy is one type of psychological treatment for Posttraumatic Stress Disorder (PTSD) that has been very well researched. There is an extensive body of literature demonstrating the effectiveness of these types of treatment, as they have been found to help a wide variety of people struggling with symptoms of PTSD. There are numerous "components" (different techniques) that can be included in a cognitive-behavioral treatment package, some of which include: exposure, cognitive-restructuring, anxiety management, and different combinations of those components.

**Exposure.** Exposure therapy can include imaginal or in vivo exposure. Imaginal exposure can take place in the clinic and is a way of processing the events that occurred, so thoughts related to those events no longer elicit (trigger) such an intense anxiety reaction. In vivo (in real life) exposure typically takes place outside the clinic and the purpose is to get the client back to being able to do things he or she may have begun to avoid after the trauma.

**Cognitive Therapy.** Cognitive therapy may involve a number of strategies that are useful for assisting the client in dealing with intrusive thoughts and difficult emotions (e.g., anxiety, fear, anger) he or she may be struggling with after experiencing the traumatic event(s). A common part of cognitive therapy often includes focusing on learning anxiety management strategies, which many clients find to be helpful.

Overall, cognitive-behavioral treatments have been a focus of many carefully designed studies. These treatments have been found to be among the most effective types of treatments for PTSD. Thus, professionals can be confident that the use of cognitive-behavioral treatments typically benefit people experiencing the symptoms and difficulties associated with PTSD.



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